



# FINDING QUALITY MEDICATION ASSISTED TREATMENT (MAT) PROGRAMS (Adapted from the NDCI Grant Questions)

1. Does the program philosophically support all forms of MAT approaches to recovery?
2. Does the program have a MAT prescribing physician/nurse practitioner/physician assistant on staff?
  - 2a. What forms of MAT can staff prescribe or administer?
  - 2b. Are prescribers available during all business hours or only a limited number of hours?
  - 2c. How long have these medications been used by the prescribing medical staff?
  - 2d. How many existing patients within the program receive MAT?
  - 2e. Does staff have the ability to provide crisis services or refer to these services 24/7?
3. What addiction medications are currently available to the program's community MAT provider network?
4. Does the program follow nationally recognized protocols for MAT patients consistent with federal and state guidelines?
5. Does the program have a uniform MAT taper, length of time requirement, or other policy that is inconsistent with MAT evidence-based principles?
6. What communication protocols are in place with MAT prescribing physicians or other medical staff (both onsite and offsite) to ensure that there is adequate communication regarding patients' MAT compliance and progress?
7. What types of evidence-based psychosocial treatments (e.g., cognitive behavioral therapy, contingency management) are available to MAT patients?
8. What other behavioral health and social services are available for MAT patients?
  - 8a. If these services are not available, does the provider have an adequate referral network?
  - 8b. As a practice of regular business, does the provider utilize release of information agreements to effectively communicate with partners when clinically appropriate?
9. What is the program's funding source for MAT services (e.g., self-pay, Medicaid, private insurance, grant, etc.)?
10. Is the provider licensed and/or certified by all appropriate federal and state authorities?
  - 10a. If so, is the provider in good standing with these authorities?
11. Does the provider have patient-centered treatment plans for patients including a written treatment agreement with strategies for preventing medication diversion, including (but not limited to): random pill counts, frequent random urine drug screens; and PDMP checks as required by federal and state laws and according to nationally recognized guidelines?
12. Does the provider have adequate strategies for patient relapse and retention during treatment?
13. Do staff receive regular training on substance use disorders and related issues (e.g., fundamentals of addiction and treatment, stigma reduction, trauma-informed care)?
14. Do a majority of patients successfully complete the program or are they able to be maintained on MAT for long-term recovery?

## REFERENCES FOR FURTHER READING

- American Society for Addiction Medicine: <https://www.asam.org/>
- Centers for Disease Control and Prevention: <https://www.cdc.gov/drugoverdose/index.html>
- National Center for State Courts: <https://www.ncsc.org/opioids>
- National Institute of Health: <https://www.drugabuse.gov/publications/effective-treatments-opioid-addiction/effective-treatments-opioid-addiction>
- National Judicial Opioid Task Force: <https://www.ncsc.org/~media/CA7C3ABE246646C28C43D048429A89F4.ashx>
- Surgeon General: <https://addiction.surgeongeneral.gov/>

## Notes

<sup>1</sup> 42 U.S.C. § 12132; 29 U.S.C. § 794.

<sup>2</sup> Tennessee v. Lane, 541 U.S. 509 (2004).

<sup>3</sup> 28 C.F.R. § 35.131(b).

<sup>4</sup> 28 C.F.R. § 35.104.

<sup>5</sup> 28 C.F.R. § 35.131(b)(2).

<sup>6</sup> NADCP INSTITUTE (NDCI), Drug Court Practitioner Fact Sheet, August 2016, Vol. XI, No. 2.

<sup>7</sup> Sup. R. 45.

